

Registration District No. **632**

Primary Registration District No. **4382**

1. PLACE OF DEATH: Oregon
(a) County Thayer
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME John Albert Beck

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret A. Bennett 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 5 1881 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 7 16 hr. min.

9. Birthplace Lincoln Nebraska (City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroader

11. Industry or business

12. Name John E. Beck

13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name Margaret A. Kenney (State or foreign country)

15. Birthplace St. Joseph Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. Beck

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 1/23/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer, Mo.

18. (a) Signature of funeral director (b) Address Thayer, Mo.

19. (a) Feb. 6 - 1941 (b) John E. Johnson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon
(c) City or town Thayer (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 21
year 1941 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 1938, to Jan 21 - 1941
that I last saw him alive on Jan 21 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Duration
Hypertension 4 1/2 hr.

Other conditions 1937 Had a polio infection (Include pregnancy within 3 months of death) 4 years ago

Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
563 (Specify type of place) While at work? (e) Means of injury

23. Signature H. B. Hull (M. D. or other)
Address Mammoth Spring Ark Date signed 1/30/41

RECEIVED

District Health Officer No. 5,

District File Number 241216

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.